

Tuition Rates

Monthly tuition is based on the amount of hours taken per week. The price of tuition is payable on the first of each month. The price of tuition is based on an average of four classes per month and is not altered for months with holidays, etc. in which less than 4 classes are held. No refunds or deductions are given if a child misses class for any reason.

Weekly

Class Hours (per family) Monthly Rate

30 minutes	\$35.00				
1 hour	\$43.00	4 hours	\$88.00	7 hours	\$117.00
1.5 hours	\$55.00	4.5 hours	\$95.00	7.5 hours	\$120.00
2 hours	\$61.00	5 hours	\$98.00	8 hours	\$125.00
2.5 hours	\$70.00	5.5 hours	\$102.00	More than 8 hours	Add \$5.00 per hour
3 hours	\$76.00	6 hours	\$106.00		
3.5 hours	\$85.00	6.5 hours	\$112.00		

Total # of weekly hours per family per month _____ hrs

Total Monthly Tuition is \$ _____

Parental Agreement with Susan’s Studio of Dance

I am enrolling my child in classes with Susan’s Studio of Dance and understand that classes will run through the year ending with the recital. I agree to be responsible for payment of the entire term unless written notification is given to cancel this agreement one month prior to withdrawal. I know that payments are due on the first day of class each month and a late charge of \$5.00 will be charged when paid after the tenth day of the month. I also understand there is a \$30.00 charge for any checks returned for insufficient funds.

Susan’s Studio of Dance does not prorate due to absences and I understand any missed classes can be made up in alternate class times. I, the undersigned, fully understand and agree that the owner's/instructors of Susan’s Studio of Dance, shall be free from any liability of claims arising by reason of any injury or illness at Susan’s Studio of Dance or any dance related activity with Susan’s Studio of Dance. Permission is hereby granted to the staff of Susan’s Studio of Dance to transport my child to a doctor or hospital in case of illness or injury, when unable to locate parent/guardian or emergency name.

Student’s Name:

Parent/Guardian:

Date:

Emerg Name:

Emerg #:

Doctor’s Name:

Doctor #:

Insurance Carrier and #

(Doctor and insurance information will be used only in the event of an emergency and we are unable to locate Parent/Guardian or the Emergency Name listed above.)

I have received my Susan’s Studio of Dance 2010-2011 Dancer’s Handbook and hereby agree to abide by all stated rules.

Parent/Guardian Signature:

Date: _____

email: susandance@bellsouth.net
website: www.susansstudioofdance.com